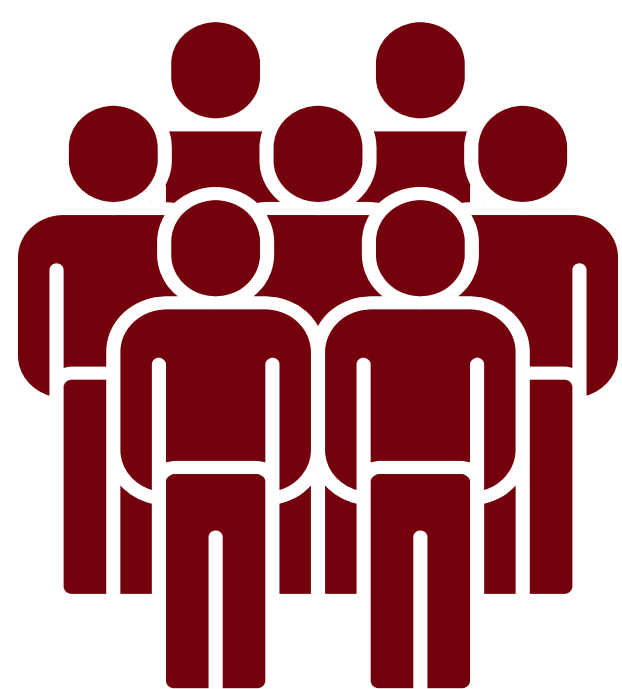


KEY FACTS SHEET

February 2022



ABOUT US

The Rural and Minority Health Research Center's mission is to illuminate and address the health and social inequities experienced by rural and minoritized populations to promote the health of all.

Colorectal and Cervical Cancer Prevention in Rural Health Clinics in South Carolina

PROJECT OVERVIEW

Year Funded: 2018 - 2019

Patients in rural areas undergo cancer screening less frequently than urban patients, with corresponding higher cancer incidence and mortality. This study used a mixed-methods design to investigate perceptions and practices regarding cervical and colorectal cancer prevention at Rural Health Clinics (RHCs) in South Carolina. Study results support the need for increased technical and material resources at Rural Health Clinics to improve uptake of colorectal and cervical cancer screening.

RESEARCH APPROACH

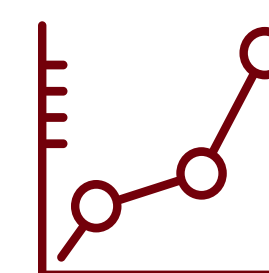


An online survey was administered via Qualtrics to all Rural Health Clinics in South Carolina from May-August 2019.

Total surveys sent: 87

Total responses: 27

Response rate: 31%



Descriptive statistics were generated from survey data.

CURRENT US PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS FOR CERVICAL AND COLORECTAL CANCER

Cervical cancer screening for average-risk individuals

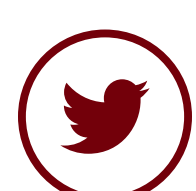
- Age 21-29 years:
 - Screening every 3 years with cytology (Pap test)
- Age 30-65 years:
 - Screening every 3 years with cytology, OR
 - Screening every 5 years with high-risk Human Papillomavirus (hrHPV) test, OR
 - Screening every 5 years with hrHPV testing and cytology

Colorectal cancer screening for average-risk individuals

- Age 45-75 years:
 - Recommended screening tests include:
 - High-sensitivity Guaiac Fecal Occult Blood Test (gFOBT) 1x per year
 - Fecal Immunochemical Test (FIT) 1x per year
 - Stool DNA-FIT 1x every 1-3 years
 - Colonoscopy 1x every 10 years
 - CT colonography 1x every 5 years
 - Flexible sigmoidoscopy 1x every 5 years
 - Flexible sigmoidoscopy 1x every 10 years + FIT 1x per year

CONTACT

Director, Jan M. Eberth
Deputy Director, Elizabeth Crouch
220 Stoneridge Drive
Suite 204
Columbia, SC 29210
Phone: 803-251-6317

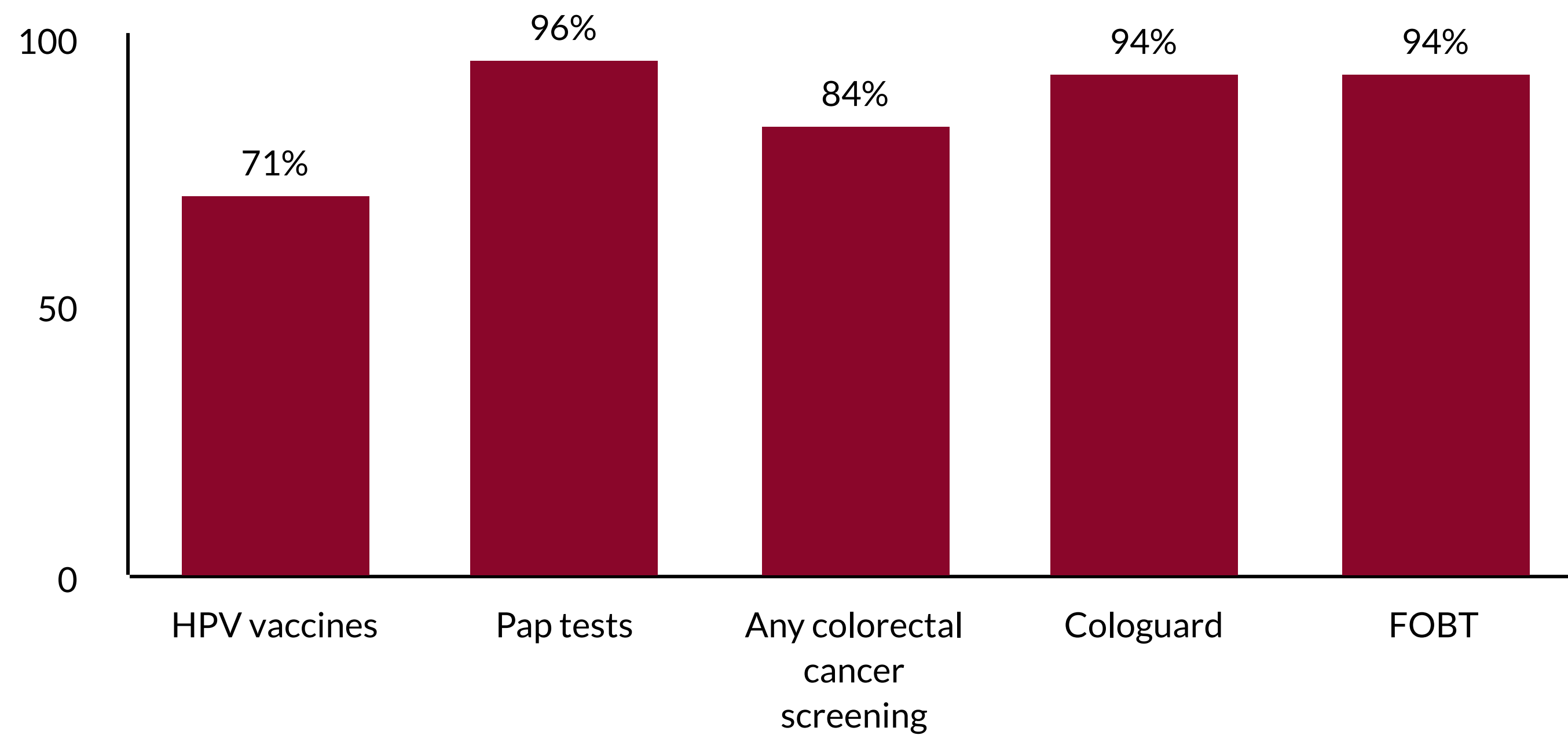


@RMHRC_UofSC
rmhr.sc.edu

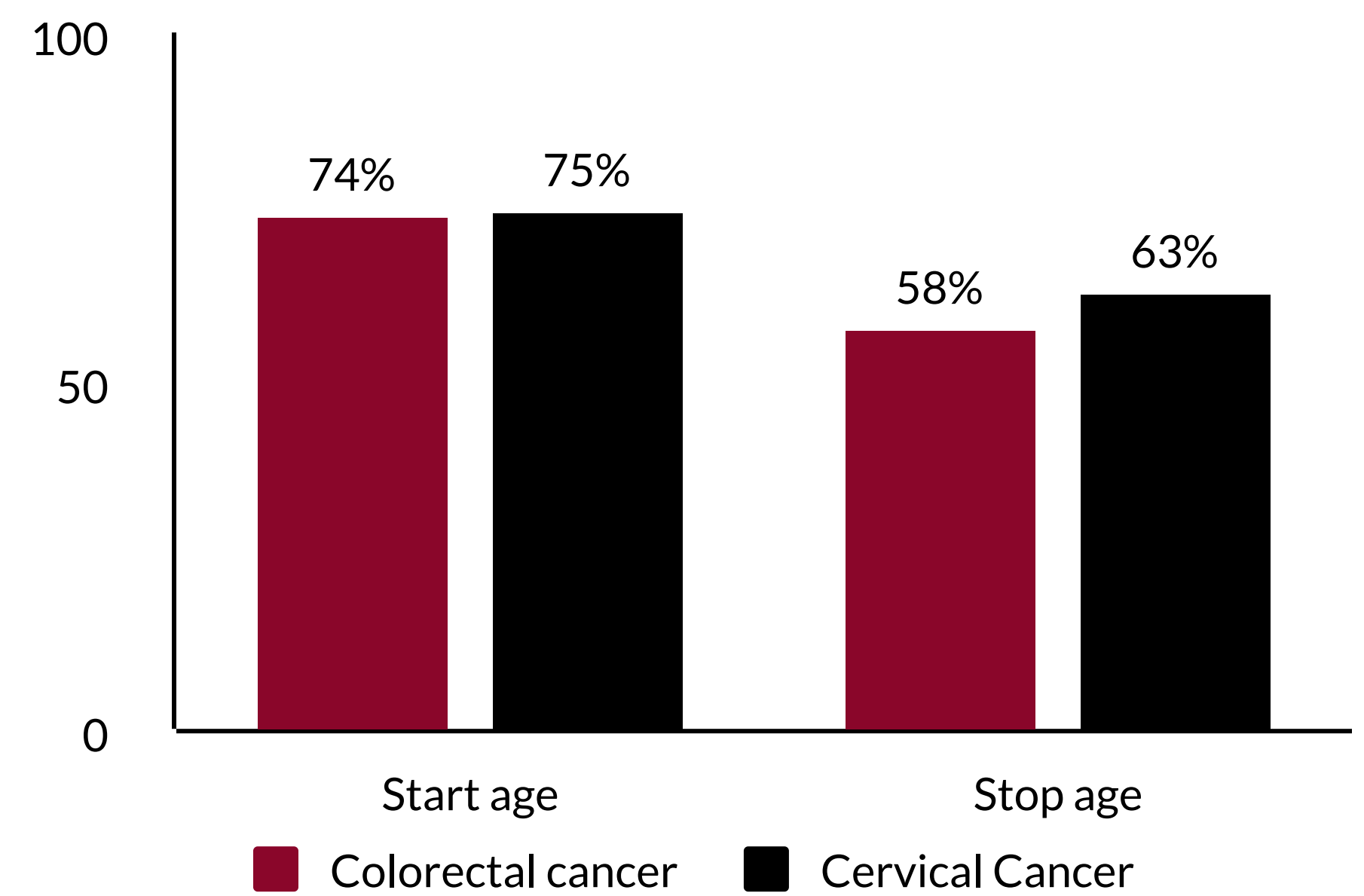
Research Team: Jan M. Eberth, Whitney E. Zahnd, Victor Kirksey, Lauren Workman, Heather M. Brandt, Janice C. Probst, Elizabeth Crouch, Marie Knoll, Allie Silverman, Melinda A. Merrell, Gabriel Benavidez

QUANTITATIVE SURVEY FINDINGS

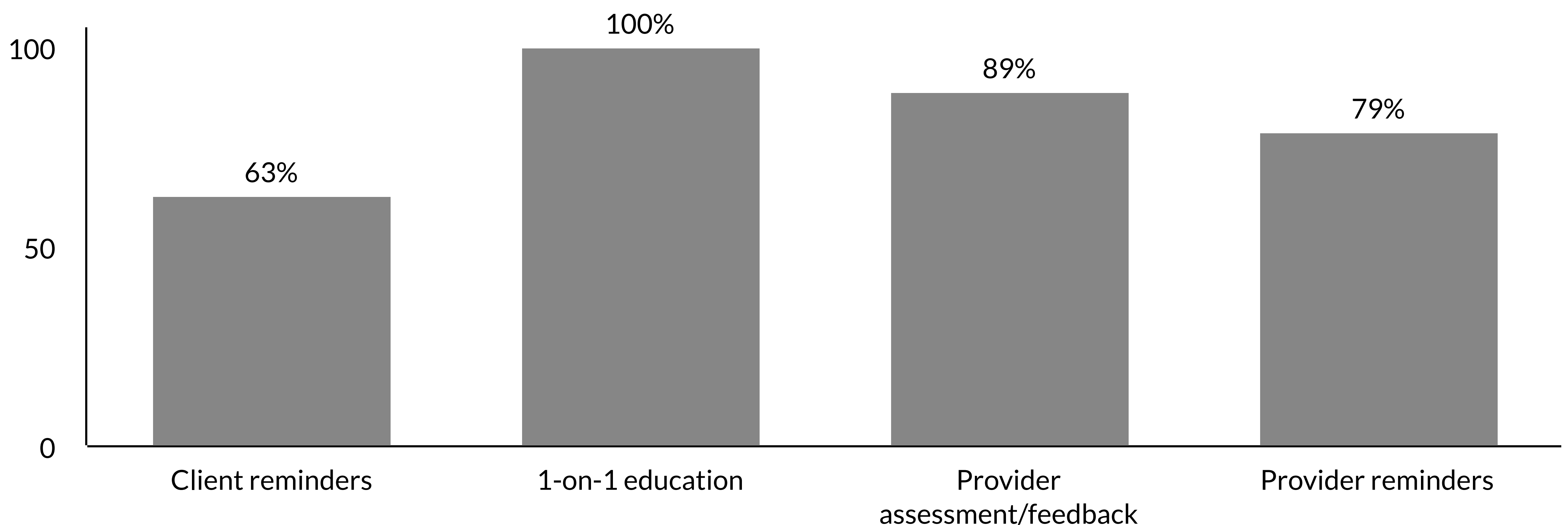
Screening and preventive services offered on-site



Adherence to USPSTF screening age criteria



Evidence-based intervention strategies utilized to increase cancer screening



KEY TAKEAWAYS

Among responding RHCs:

- Most provide a variety of screening and prevention options on-site for both colorectal and cervical cancer.
- Most provide colorectal and cervical cancer screening services in line with USPSTF recommendations.
- Provider recommendations align with the USPSTF criteria for when to start screening more frequently than the criteria for when to stop screening.
- Most use evidence-based interventions to increase screening rates among their patients. Additional resources and training may be needed to increase the number of RHCs implementing client and provider reminders.